
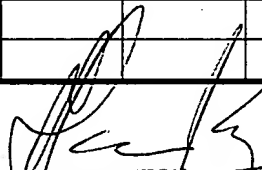
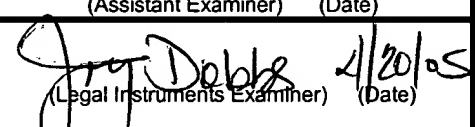


Issue Classification 	Application No.	Applicant(s)	
	09/223,729	SAW, YOO SOK	
	Examiner	Art Unit	
	Hong Cho	2662	

ISSUE CLASSIFICATION										
ORIGINAL					CROSS REFERENCE(S)					
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
370	252				714	748				
INTERNATIONAL CLASSIFICATION										
H	0	4	L	1/00						
H	0	4	L	1/18						
				/						
				/						
				/						
Hong Sol Cho 4/18/05 (Assistant Examiner) (Date)					 HASSAN KIZOV SUPERVISORY PATENT EXAMINER (Primary Examiner) CENTER 2 (Date)			Total Claims Allowed: 30		
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Fig.	
								1	4	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	28	31	61	91	121	151
2	2	30	32	62	92	122	152
3	3	29	33	63	93	123	153
4	4		34	64	94	124	154
6	5		35	65	95	125	155
7	6		36	66	96	126	156
8	7		37	67	97	127	157
9	8		38	68	98	128	158
10	9		39	69	99	129	159
11	10		40	70	100	130	160
12	11		41	71	101	131	161
13	12		42	72	102	132	162
16	13		43	73	103	133	163
17	14		44	74	104	134	164
18	15		45	75	105	135	165
19	16		46	76	106	136	166
20	17		47	77	107	137	167
21	18		48	78	108	138	168
22	19		49	79	109	139	169
23	20		50	80	110	140	170
14	21		51	81	111	141	171
24	22		52	82	112	142	172
	23		53	83	113	143	173
5	24		54	84	114	144	174
15	25		55	85	115	145	175
	26		56	86	116	146	176
25	27		57	87	117	147	177
26	28		58	88	118	148	178
	29		59	89	119	149	179
27	30		60	90	120	150	180

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/223,729	12/31/98	370	2737	K-074

APPLICANT

YOO SOK SAW, KYUNGKI-DO, REPUBLIC OF KOREA.

CONTINUING DOMESTIC DATA****None hc*
VERIFIED

371 (NAT'L STAGE) DATA****None hc*
VERIFIED

FOREIGN APPLICATIONS****yes hc*
VERIFIED REPUBLIC OF KOREA 43090/1998 10/10/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KRX	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>hc</i> Examiner's Initials	<i>hc</i> Initials			

ADDRESS

FLESHNER & KIM
P O BOX 221200
CHANTILLY VA 20153-1200

TITLE

VIDEO DATA RESENDING METHOD

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$760		